PATEN	T APPLICATI Effe	ON FEE	DETERM ober 1, 20	IINAT	ION RECO	RD				- /	
CLAIMS AS FILED - PART I							SMALLE			OTHE	2 <i>100-40</i>
TOTAL CLAIM				TOOIGHIN 2		TYPE [OR	_	ENTITY	
FOR		NUMBER FILED		NUMBER EXTRA			RATE	FEE	4	RATE	FEE
TOTAL CHARGEABLE CLAIMS							BASIC FEI	355.00	OR	BASIC FEE	710.00
INDEPENDENT CLAIMS		8			. 0		X\$ 9=	_	OR	X\$18=	_
					3		X40=	120	OR	X80=	240
MOLTIPLE DEP	ENDENT CLAIM	PRESENT					+135=	1/20	1		210
" If the difference in column 1 is less than zero, enter "0" in column 2									OR	+270=	
NCC +AM	15B 1-6	0 - 0 tip					TOTAL	475	JOR	TOTAL	950
12-27-04 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
4	CLAIMS . REMAINING		HIGH NUM		PRESENT	ſ		ADDI-	1		ADDI-
EN	AFTER AMENDMENT		. PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL
Total Independent	.8	Minus	- 2		-	t	X\$ 9=	FEE		Year	FEE
Independent		Minus	7	<u></u>	-	F	\		OR	X\$18=	
FIRST PRES	ENTATION OF N	IULTIPLE D	EPENDENT	CLAIM		v	X¥0=		OP	X80=	
							+135=		OR	+270=	
n M	· ·		•			L	TOTAL		OR	TOTAL	
5-17-05	(Column 1)		(Colum	n 2)	(Column 3)	^	ODIT. FEE			ADDIT. FEE	
	CLAIMS REMAINING		HIGH NUME		PRESENT	Г		ADDI-	۱. ا		IADDI-
Total Independent	AFTER AMENDMENT		PREVIO PAID F	USLY	EXTRA	ı	RATE	TIONAL PEE	V	RATE	TONAL
Total	1.2	Minus ; ,	- 2	<u>)</u>		ŀ	×5 9-	PEE		\	FEE
Independent	. 2	Minus	••• (= \	ŀ	-/	· \	OR	X318=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=	\	ÒR	X96=	
						X	+135=		OR	¥270=	ا ز
			•			_	TOTAL		OR .	TOTAL	
	(Column 1)		(Cotum	n 2)	(Column 3)		DIT. FEE L		,	ODIT. FEEL	
	CLAIMS REMAINING		PIGHE	51		Г		ADDI-	ſ		ADDI-
	AFTER AMENDMENT		PREVIOR PAID F	JSLY	PRESENT EXTRA	ł	RATE	TIONAL	- 1	RATE	TIONAL
Total		Minus	FAID	OR .		┢		FEE	1		FEE
Total Independent	 	Minus	1		-	L	X\$ 9=		OR	X\$18=	"
FIRST PRES	ENTATION OF ME	•	LTIPLE DEPENDENT C				X40=		OR	X80=	
						Γ.	135=		OR	+270=	
if the entry in coic	into 1 is less than 8 imper Previously Pr	re entry in col	lumn 2, write 1	or in costs	imn 3.	L	TOTAL		L	TOTAL	
H AM ANTERNATIVE	ATTORY Providenty Pa	ald For IN Th	iis space is i	laca fhan	3 anter 2		DIT, FEE			DDIT. FEEL	
infilmer iefft	mber Previously Pal	o ror (local	ov independen		ugnesi number i	ound	in the appr	opriate box	in colu	mn \$.	1